

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES-
ADOPTION ASSISTANCE PROGRAM/FEDERAL**

 For State Use → ☐ DSS ☐ County Welfare ☐ County Auditor

COUNTY	Date (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE ()

A PERSONS COUNT	B AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental Payroll
()	()	3. Current Month Cancellation Contra Roll
		5. Prior Months Supplemental Payroll
		6. Subtotal (reconciliation totals)
()	()	7. Prior Months Cancellation Contra Roll
()	()	8. Recoveries of Aid
		9. Schedule of Adjustments (show minus items in parentheses)
		10. Subtotals (Lines 7, 8, 9)
		11. DSS Office Audit Corrections (for state use only)
		12. TOTAL
		13. Amount not Reimbursable from Federal Funds.

B		C FEDERAL (Line 12B minus Line 13A) x .5167	D STATE (Line 12B minus Line 14C) x .75	E COUNTY (Line 12B minus Line 14C minus Line 14D)	
					14.
	GRAND TOTALS				
		(Line 12B)	(Line 14C)	(Line 14D)	(Line 14E)
	(FOR STATE USE)				
	(FOR COUNTY USE) Persons Count				
					15.
					16.
					17.
					18.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of the Adoption Assistance Program in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, allotments for payments in kind, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the Adoption Assistance Program made by the county; that said amounts correctly reflect Federal and State Shares in the aid payments claimed and that warrants therefore have been issued, or funds made available for the payments in kind listed herein according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

INSTRUCTIONS FOR USE OF FORM AD 800A

1. Enter county name, month and year of claim in space provided.
2. Complete Lines 1 through 5 and 7 through 9 in accordance with amounts shown on the integrated payroll or contra roll.
3. Enter the subtotals in Lines 6 and 10, and totals in Lines 12A and 12B.
4. Line 13A - For children receiving AAP payments in excess of the foster family home rate enter the net amount not reimbursable from federal funds.
5. Line 14C - Enter the federal share: Subtract line 13A from line 12B, multiplied by 51.67 percent.
6. Line 14D - Enter the State share: Subtract line 14C from line 12B, multiplied by 75 percent.
7. Line 14E - Enter the county share: Subtract lines 14C and 14D from line 12B.
8. Line 15 - Enter grand totals.
9. Line 16 - Reserved for the application of adjustments: made by the state (Federal and/or State Field Audit Exceptions, etc.).
10. Lines 17 and 18 - Included at county request and use is optional. If adjustments are reported in line 9 which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.